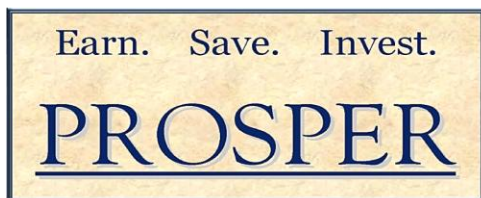


Please fax completed form to Gary Scheidecker at 302/677-7031.

Sick\ Vacation Deferral Form

State of Delaware 403(b) Plan

(Use this form only for contributions to the 403(b) Plan)



Notice to employee:

- This form is only to be used for deferring sick/vacation time to the 403(b) Plan. If you are also deferring to the 457(b) Plan you must fill out a separate 457(b) Sick/Vacation Deferral Form.
- The Delaware State Treasury must receive this signed form at least 2 weeks prior to the date you will be paid for your sick/vacation time.

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<hr/>	<hr/>	<hr/>	<hr/>
Last Name (Please Print) First Name M.I.			DOB
<hr/>			<hr/>
Home Address - Street			Employee ID#
<hr/>			<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
City / Town	State	Zip	Home Phone
<hr/>			
<hr/>		<hr/>	
Agency or School District		Name of Payroll Representative	
<hr/>		<hr/>	
Phone		<hr/>	

Date of Retirement or Separation:		Date of Payout Check:	
Sick Leave Payout:		Vacation Leave Payout	
Additional Salary:		Total Gross Pay:	

Please specify your deduction amount. For 2012, the maximum amount for the calendar year is **\$17,000**. In addition, if you are at least 50 years of age by the end of 2012, you can defer an additional **\$5,500**. **Please note that amounts deferred are before state and federal taxes but not before social security taxes.**

Deduction Amount:\$_____

Signature of Employee: _____ Date: _____

Please verify your payout information with your Payroll Representative, sign and date the form and fax it to the attention of: Gary Scheidecker, Delaware State Treasury, 302-677-7031.